



Edwin F. Singer, L.E.H.S.
Health Officer, Carroll County

Leigh T. Broderick, L.E.H.S.
Director, Environmental Health
Andrea Drenner-Hanley, L.E.H.S.
Assistant Director, Environmental Health

**Carroll County Health Department's Bay Restoration Fund
Onsite Sewage Disposal Systems (OSDS)
Application for Financial Assistance**

Project Location Information

Project Address: _____
Street City Zip

Septic system condition: Facility Type:

- ☐ Good working order
- ☐ Failing/sewage odor
- ☐ Unknown
- ☐ Owner Occupied
- ☐ Rental Individual Residence
- ☐ Other (specify) _____

Contact Information

Applicant Name: _____

Applicant Address: _____
Street City Zip

Phone: _____ Fax: _____

Email Address: _____

Note to Applicant

1. Upgrade costs pertain only to the cost of the unit, installation, and any associated plumbing and electricity to unit and five year operation and maintenance warranty. All other necessary sewage disposal system costs including, conventional tank, distribution network, or effluent dispersal method replacements encountered or required by the local approving authority during the unit installation are to be paid by the owner/applicant. If homeowner is classified as low income funds maybe available for full cost of repair and replacement of pretreatment and disposal field.
2. To apply for Low Income Eligibility Funding please complete form at www.mde.state.md.us/septic or call (410)537-4195.
3. Please note this is only an application and the completion of this form does not guarantee the availability of funds.
- (4) By submitting this form you are agreeing to have your application information released to BAT vendors and installers excluding financial information submitted with this form.
- (5) Include a copy of the applicant's W-2s and income tax returns from last year with this application. Applications lacking this information will be returned to the applicant as incomplete. Maryland Department of the Environment has established a sliding scale which limits the maximum percentage of a grant based on an applicant's income.**

Signature of Applicant

Date

Signature of Applicant

Date